



Attorney Docket No. 48,742 (70904)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Hiroshi Maeda, et al.

EXAMINER: Wallerson, M.

SERIAL NO.: 09/185,212

GROUP: 2722

FILED: November 3, 1998

FOR: IMAGE PROCESSING DEVICE INCLUDING IMAGE DATA MANAGEMENT
CAPABILITIES (AS AMENDED)

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on June 11, 2001.

By: Kathryn A. Grindrod
Kathryn A. Grindrod

BOX: NON-FEE AMENDMENT
ASSISTANT COMMISSIONER OF PATENTS
WASHINGTON, DC 20231

Sir:

AMENDMENT

In response to the Official Action currently outstanding with regard to the above identified case, kindly amend the subject application as follows:



gp 2722
2622

Practitioner's Docket No. 48,742 (70904)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hiroshi Maeda, et al.
Application No.: 09/185,212
Filed: November 3, 1998
Group No.: 2722
Examiner: Wallerson, M.

For: IMAGE PROCESSING DEVICE INCLUDING IMAGE DATA MANAGEMENT
CAPABILITIES (AS AMENDED)

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

FEE FOR CLAIMS

3. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	16	Minus	20	= 0	x \$0 =	\$0
Indep.	2	Minus	3	= 0	x \$0 =	\$0
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

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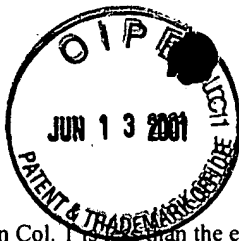
- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: June 11, 2001

Kathryn A. Grindrod
Signature

Kathryn A. Grindrod
(type or print name of person certifying)

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Total
Addit. Fee

\$0

- * If the entry in Col. 1 is 20 than the entry in Col. 2, write AO20 in Col. 3,
- ** If the AHighest No. Previously Paid For20 IN THIS SPACE (Column 2, Row 1) is less than 20, enter A2020.
- *** If the AHighest No. Previously Paid For20 IN THIS SPACE (Column 2, Row 2) is less than 3, enter A320.
The AHighest No. Previously Paid For20 (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

4. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.

Reg. No. 27,840
Customer No.: 21874

Dike, Bronstein, Roberts & Cushman
Intellectual Property Practice Group
EDWARDS & ANGELL, LLP
P. O. Box 9169
Boston, MA 02209
Tel. No.: (617) 523-3400
169834

David A. Tucker
SIGNATURE OF PRACTITIONER
David A. Tucker